

Amesbury Youth Recreation

ELEMENTARY Before School Program

2016-2017

September 6—June 15

Amesbury Elementary School & Cashman Elementary School

7am-8:30am

Monday—Friday

Payment options

1 Day Week	2 Day Week	3 Day Week	4 Day Week	5 Day* Week	Drop In* Rate
\$48/month	\$84/month	\$108/month	\$120/month	\$150/month \$5 sibling discount available	\$15/day

Drop In students:

Must have registration form on file at the Recreation office 24 hrs. before your child attends as a drop in. Payment must be made before your drop in date, unless previous arrangements have been made with Rec. office.

Payment is due by the 1st of the month every month.

Late payments will incur a \$10 late fee.

Important Information:

*Children may be dropped off any time after 7:00am.

*Parents must walk child(ren) from parking lot into before school program and sign their child in for the day.

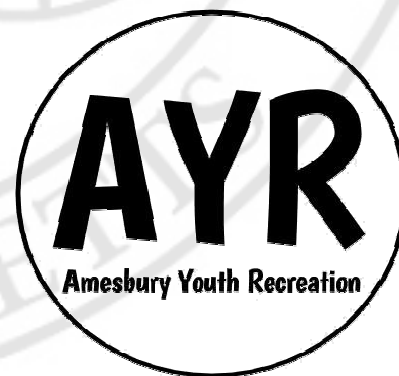
Before School Program Services will not be provided:

- ◇ In the event of a delayed school opening
- ◇ In the event of school cancellation

Drop In students:

The Recreation office must be notified before your child attends as a drop in. Payment must be made before your drop in date.*

*Unless previous arrangements have been made with Rec. office.



REGISTRATION SHEET ON BACK OF THIS FORM

City of Amesbury Elementary Before School Program 2016-2017

AES _____ or CES _____

Payment options : _____ 5 Days (\$150 mo.) _____ 4 days (\$120/mo) _____ 3 days (\$108/mo.) _____ 2 Days (\$84/month) _____ 1 day (\$48/mo) single day is \$15 per day
*Payments due by the first day of the month ** Late fees will be charged*
** June is free if you start before December*

Child's Name _____ Age _____ Grade Entering _____ Sex _____ D.O.B. _____

Primary Guardian _____	Relationship _____	Primary Guardian _____	Relationship _____
Address _____	Home phone _____	Address _____	Home phone _____
Cell phone _____	Business Phone _____	Cell phone _____	Business Phone _____
E-mail _____		E-mail _____	

YOU MUST COMPLETE THE EMERGENCY CONTACT SECTION AND SIGN THIS FORM BEFORE YOUR APPLICATION WILL BE PROCESSED !!
 Should we be unable to contact you or your spouse in the event of an emergency, please list a different adult we may contact: (E.g.: Grandparent, aunt, etc)

Name _____	Relationship _____	Address(include city and state) _____
Home Phone# _____	Work Phone # _____	Cell Phone # _____

Family/Child's Doctor: _____ Address _____ Phone # _____
 Medical Insurance Company and Policy # _____ 2. _____ 3. _____
 Allergies/special diets 1. _____ 2. _____ 3. _____ 4. _____
 Special limitations or concerns _____ Chronic Health Conditions _____
 *Please Note: There is no nurse on duty- We do not administer medication except for epi-pens.

Participation in this sport/activity may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the City of Amesbury, its officers, employees, agents, volunteers and supervisors, except in the case of sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give my permission for the agents, servants, employees, and officials to the City of Amesbury to use their sole discretion in seeking and providing treatment for the child(ren) by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided. I understand that refunds will not be available prior to 2 weeks of the start of the program. I understand that the program is Nut Sensitive and I will not provide my child with a snack or any other peanut related materials. I agree not to drop my child(ren) off before the program begins (7am). I understand that my child(ren) can be dismissed from the program for violations of the behavior code. I agree to pay my fees each month and/or contact the Program Director if I will be late. I understand that my child(ren) can be dismissed from the program if my fees remain unpaid for over one month (without consent from the Program Director).

PARENT OR GUARDIAN SIGNATURE _____

DATE _____

Please check off if you do not want your child photographed/videotaped. These photos may be released to newspapers or used by the program.

Which days do you expect your child to attend? Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____
please call or bring a note **If there is a change,*

. PLEASE MAKE CHECK PAYABLE TO: CITY OF AMESBURY Please return form and payment to: Kathy Crowley- Youth Recreation
 Director, kathleen@amesburyma.gov * or Nicole Spirito, spirito@amesburyma.gov or mail to 68 Elm St., Amesbury, MA